

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12748</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Warren</u> <u>Marsh</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>200 Summerfield Street</u> City <u>Scarsdale</u> State <u>New York</u> ZIP Code + 4 <u>10583</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 812 IBT</u> Labor Organization File Number <u>001-620</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>200 Summerfield Street</u> City <u>Scarsdale</u> State <u>New York</u> ZIP Code + 4 <u>10583</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Warren Marsh On 8/15/2005 914 472 5800
Date Telephone Number

Name of Person Filing warren Marsh	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank of New York</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 15 Union Square</p> <p>City New York</p> <p>State New York ZIP Code + 4 10583</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 812 Health Fund</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 202 Summerfield Street</p> <p>City Scarsdale</p> <p>State New York ZIP Code + 4 10583</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Provides banking services </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Warren Marsh was provided a meal on 7/27/2004 at which Fund banking issues were discussed and the cost was </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$38"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Name of Person Filing Warren Marsh

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Novak Francella LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Two Bala Plaza

City Bala Cynwyd

State Pennsylvania

ZIP Code + 4 19004

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides accounting services

11.b. Approximate dollar value of such dealing.

\$18,000

12.a. Nature of interest held or income received.

Novak Francella provided a meal on 3/15/2004 to discuss accounting issues. The cost amounted to

12.b. Amount.

\$434

Name of Person Filing Warren Marsh

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York

ZIP Code + 4 10583

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Local 812 Health Fund is a related organization to Teamsters Local 812 IBT. The Fund paid for the trustee expenses of attending the IFEBP Conference New Orleans 2004. The trustee didnot attend the conference; Fund was reimbursed the cost.

12.b. Amount.

\$1,340

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name James Green Esq.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 214

Street 900 Merchants Concourse

City Westbury

State New York ZIP Code + 4 10583

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$48,000

12.a. Nature of interest held or income received.

Received a holiday gift, the value of which was

12.b. Amount.

\$179

Name of Person Filing Warren Marsh

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Lazard Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 Rockefeller Plaza

City New York

State New York

ZIP Code + 4 10112

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York

ZIP Code + 4 10583

11.a. Nature of such dealing.

Provides investing services

11.b. Approximate dollar value of such dealing.

\$100,000

12.a. Nature of interest held or income received.

Mr Marsh, Trustee, was provided a meal on February 13, 2004, to discuss investment issues. The pro rata cost of the meal was

12.b. Amount.

\$236

Name of Person Filing Warren Marsh

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Blitman & King LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Franklin Center Suite 300

Street 443 North Franklin Street

City Syracuse

State New York ZIP Code + 4 13204

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$100,000

12.a. Nature of interest held or income received.

Mr. Marsh Fund trustee, was provided a meal to discuss Fund issues. The cost of the meal was

12.b. Amount.

\$65